



PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

K_

Effective October 1, 2003										15	023	199
		CLAIMS AS FILED - PART I							AITA			
Γ	TOTAL CLAIM	IS	(Cot	(Column 1)		lumn 21 .	TYPE		YTITM	_0	OTHE F SMAL	ER THAN L ENTITY
F	OR	-				RA	TE	FEE		RATE	FEE	
_	· · · · · · · · · · · · · · · · · · ·	<u> </u>		NUMBER FILED		NUMBER EXTRA		FEE		0	BASIC FE	920
		EABLE CLAIMS	15	15 minus 20=		•		XS 9=		ام	R X\$18=	
_	DEPENDENT		2				X43=			٦	`\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-	
M	ULTIPLE DEPI	ENDENT CLAIM	PRESENT	•					 . 		A00=	
•.	If the difference	ce in column 1	is less than	zero, enter	column 2	-145=			OF	-290=		
	m III I	CLAIMS AS				·TOT	AL		_] OF	R TOTAL	920	
_	11-20-	Column 1		(Column 2) (Column 3)			OTHER THAT SMALL ENTITY OR SMALL ENT					
4		GLAIMS REMAINING		HIGHE	ST			V T	ADDI-	7	SHALL	
AMENDMENT A	-	AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA	RAT	Ε	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	1.15	Minus	-	0	= _	X\$ 9	=		OR	XS18=	
₹	FIRST PRES	ENTATION OF I	Minus Au: TIPI E n	EPENDENT.	CI AINA		X43	.	•	OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											†
							701			OR	YOTAT	-
_		(Column 1)		(Colum	n 2)	(Column 3)	ADDIT. F	EE L		JOR	ADDIT. FEE	
3		CLAIMS REMAINING		HIGHE	ST	Country 31			400:	ì		·
AMEROMER		AFTER AMENDMENT		PREVIOU	SLY	PRESENT EXTRA	RATE		ADDI- TIONAL	11	RATE	ADDI- TIONAL
	Total	* WILLIAMEN	Minus	PAID FO)R				FEE			FEE
	Incependent		Minus	200		=	X\$ 9=			OR	X\$18=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	4	LAIM		. X43=			OR:	X86=	
							+145=			OR	+290=	·
						· .	ADDIT. FE			OR)	TOTAL ADDIT. FEE	
7		(Column 1)		(Column		(Coturna 3).					· FEE	
⊦		CLAIMS REMAINING		HIGHES	T R SLY	PRESENT			NDDI-	ſ		ADDI
		AFTER AMENDMENT		PREVIOUS PAID FO		EXTRA	RATE	TI	ONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		= .	X\$ 9=	T		1_	X\$18=	
ŀ	Independent	•	Minus	900		=	 	+		DR		
1	- 4101 PRESE	NTATION OF ML	JLTIPLE DE	PENDENT C	AllA.		X43=	\vdash	;	OR	X86=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT FEE											+290=	
-11	the "Highest Nor	that Demount of	WITH IN IN	S SPACE is les	is than :	20. enter "20."	TOTAL	. B.		DR .	TOTAL DOIT, FEE	
11	ne "Highest Numt	er Previously Paid	For (Total o	r independeni)	is the h	J, enter "3," ighest number to	und in the ac				don. FEE L	